PTO/SB/06 (12-04)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | | Application or Docket Number | | | |
|--|---|----------|---|---|---|----------------------|--------|--------------------|------------------------------|-------|--------------------|-----------------------------|
| APPLICATION AS FILED – (Column 1) | | | | | | PART I (Column 2) | | SMALL (| ENTITY | OR | | R THAN ENTITY |
| FOR | | | NUMBER FILED | | NUN | NUMBER EXTRA | | RATE (\$) FEE (\$) | | | RATE (\$) | FEE (\$) |
| BASIC FEE (37 CFR 1.16(a), (b), or (c)) | | | | | | | 1 | | | 1 | | , LL (\$) |
| SEARCH FEE (37 CFR 1.16(k), (i), or (m)) | | | | | | | 1 | | | 1 | | |
| EXAMINATION FEE (37 CFR 1.16(o), (p), or (q)) | | | | | | - | 1 | | | 1 | | |
| TOTAL CLAIMS (37 CFR 1.16(i)) | | | | minus 2 | 0 = . | | 1 | Х = | | OR | x = | |
| INDEPENDENT CLAIMS (37 CFR 1.16(h)) | | | | minus 3 | | | 1 | x = | | | x = | |
| FEE | PLICATION SIZE : : CFR 1.16(s)) | | sheets of is \$250 (\$ additional | f the specification and drawings exceed 100 sheets of paper, the application size fee due s \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | | | TOTAL | | |
| APPLICATION AS AMENDED - PART II | | | | | | | | | • | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | SMALL E | ENTITY | OR. | OTHER SMALL | | | |
| AMENDMENT | 1/12/05 | REI A | LAIMS WAINING AFTER NDMENT | | HIGHEST NUMBER PREVIOUSL' PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDI- TIONAL FEE (\$) | | RATE (\$) | ADDI- TIONAL FEE (\$) |
| | Total (37 CFR 1.16(i)) | | 35 | Minus | <u>" 20</u> | - 15 | | X =. | | OR | × 50± | 750 |
| | Independent (37 CFR 1.16(h)) | Ŀ | 5 | Minus | <i>"</i> 3 | 1 2 | | x = | | OR | ×200 = | 400 |
| AM | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 1150 |
| | | | lumn 1) | | (Column 2 |) (Column 3) | | | | | | _ |
| MENDMENT B | | REN | LAIMS MAINING IFTER NDMENT | • | HIGHEST NUMBER PREVIOUSL' PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDI- TIONAL FEE (\$) | | RATE (\$) | ADDI- TIONAL FEE (\$) |
| | Total (37 CFR 1.16(i)) | * | | Minus | •• | = | 1 | x = | | OR | x = | |
| | Independent (37 CFR 1.16(h)) | * | | Minus | *** | = | 1 | x = | | OR | x = | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | 1 | | | υn. | | |
| ٧ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | |
| | | | | | | | - ' | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ***The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". | | | | | | | | | | | | |

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents. P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| PATENT APPLICATION FEE DETERMINATION RECO | | | | | | | | Application or Docket Number | | | | | |
|--|---|---|----------------------------|----------------------------------|--------------|------------------|-------------------|------------------------------|------------------------|-----------|----------------|------------------------|--|
| Effective January 1, 2003 | | | | | | | | PD-021158 | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY TYPE | | | OR | OTHER SMALL | | |
| TO | OTAL CLAIMS | | 20 | | | | RA | RATE FEE | | 1 | RATE | FEE | |
| FC |)R | | NUMBER | FILED | NUMBER EXTRA | | BASIC FEE 375.00 | | OR | BASIC FEE | 750.00 | | |
| TC | TAL CHARGEA | ABLE CLAIMS | 20 -mir | nus 20= | · Si | | X\$ 9= | | OR | X\$18= | | | |
| IN | DEPENDENT CL | LAIMS | g_mi | nus 3 = | Ø, | | X42= | | OR | X84= | | | |
| ML | JLTIPLE DEPEN | IDENT CLAIM P | RESENT | | | +140= | | | | OR | +280= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | 200 | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | _ | L | | OTHER | 7/17) | |
| | (Column 3) | | | | | | SMA | LL | ENTITY | OR | SMALL | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID I | BER | PRESENT EXTRA | RAT | Έ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | | Minus | ** | | = | X\$ 9 |)= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | | = | X42 | = | | OR | X84= | | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | .000 | | |
| | | | | | | | |)= TAL | | OR OR | +280= TOTAL | | |
| | (October 1) | | | | | | ADDIT. FEE | | | | ADDIT. FEE | | |
| <u></u> | | (Column 1) CLAIMS | (Column 2) (Column HIGHEST | | | (Column 3) | ' | | 4504 | 1 1 | | | |
| MENDMENT B | | REMAINING AFTER AMENDMENT | | PREVIO PAID I | USLY | PRESENT EXTRA | RAT | E . | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X\$ 9 |)= | | OR | X\$18= | | |
| AME | Independent | AUTATION OF MI | Minus | *** | 01.0104 | = | X42 | = | | OR | X84= | | |
| <u> </u> | FINST PRESE | NTATION OF ML | JETIPLE DEF | ENDENI | CLAIM | | +140 | = | | OR | +280= | | |
| | | | | | | | TO ADDIT, I | TAL | | OP. | TOTAL | | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | | | ,0.1 | ADDIT. FEE | | |
| ၁ | | CLAIMS REMAINING | | HIGH | ST | | | _ | ADDI- | | | ADDI | |
| AMENDMENT (| | AFTER AMENDMENT | | NUME PREVIO PAID F | USLY | PRESENT EXTRA | RAT | E | TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X\$ 9 | = | | OR | X\$18= | | |
| | Independent | * | Minus | *** | | = | X42: | | | OR | X84= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | ┪ | | Un | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE | | | | | | | | | | | | | |
| | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |